

MEDICAID FACTSHEET

CASE MANAGEMENT

Case Management Expenditures
as % of Total Hosp/Med Exp:

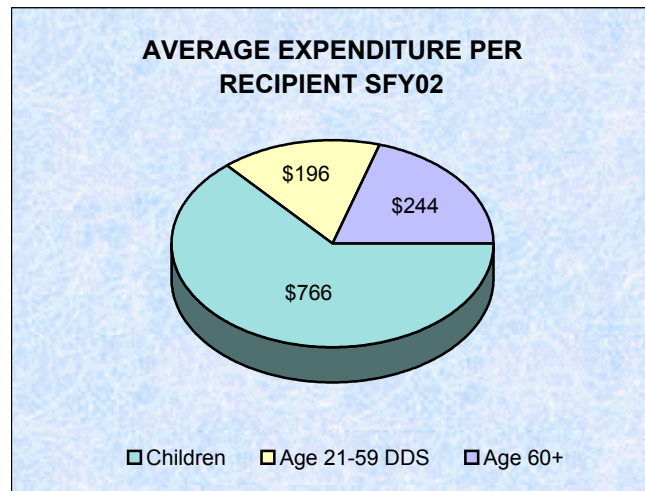
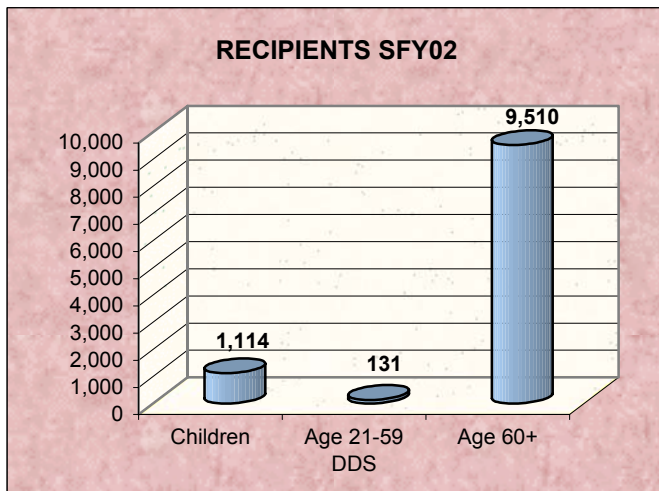
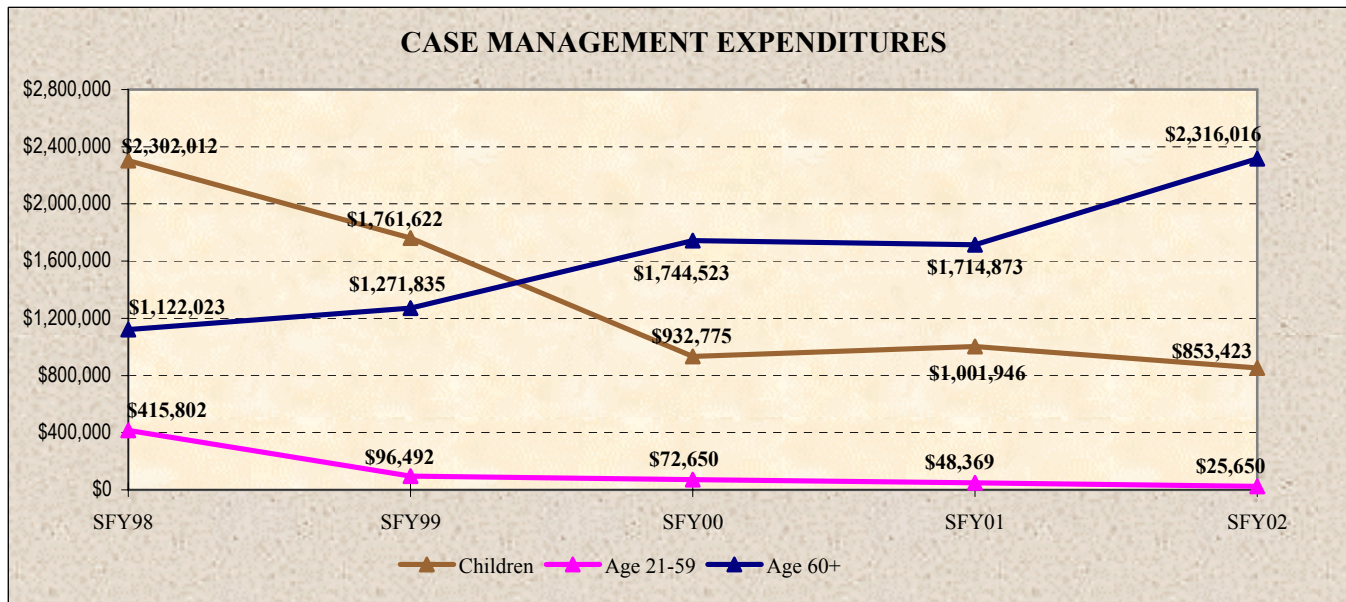
SFY98:	0.43%
SFY99:	0.33%
SFY00:	0.27%
SFY01:	0.23%
SFY02:	0.21%

Case Management is designed to assist individuals in receiving necessary care and to coordinate services for those individuals. Recipients age 21 and older are limited to 208 hours of targeted case management services per fiscal year. There is no benefit limit for recipients under age 21.

Case Management services are reimbursable when they are medically necessary, prescribed as the result of an EPSDT screen for recipients under age 21 ineligible for Developmental Disabilities Services, provided to recipients who have no reliable and available supports, and provided by a qualified provider enrolled to serve the recipient's targeted population. Case Management services to inpatients are not covered - inpatient facilities provide discharge planning.

Case Management is also reimbursable for:

- * individuals age 21 and younger eligible for Developmental Disabilities Services
- * individuals age 22 and older with a developmental disability
- * individuals age 60 and older who have limited functional capabilities resulting in the need for multiple services or who are not of mental capacity to understand their situation poses an imminent danger of death or serious bodily harm.



Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual